

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Association of Physician Specialists Inc. Politician Action Committee
(AARSPAG)

ADDRESS (number and street)

5550 W. Executive Drive Suite 400

☐Check if different
than previously
reported. (ACC)

Tampa

FL

33609

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331017

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Stephen A. Montes, D.O.

Signature of Treasurer

Electronically Filed by Dr. Stephen A. Montes, D.O.

Date

04

07

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		24113.54
(b) Cash on Hand at Beginning of Reporting Period	24113.54	
(c) Total Receipts (from Line 19)	1785.00	1785.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25898.54	25898.54
7. Total Disbursements (from Line 31)	2524.44	2524.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23374.10	23374.10
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	18.11	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	985.00	985.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	800.00	800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	1785.00	1785.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	1785.00	1785.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1785.00	1785.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1785.00	1785.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	.00	.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	24.44	24.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	24.44	24.44
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2524.44	2524.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2524.44	2524.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1785.00	1785.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1785.00	1785.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24.44	24.44
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24.44	24.44

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)**A.**

Full Name (Last, First, Middle Initial)

Dr. Anthony P. Russo, D.O.

Mailing Address 695 West Townhall Road

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants of
erieOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

Transaction ID: SA11Ai-CN2217

Amount of Each Receipt this Period

985.00

SUBTOTAL of Receipts This Page (optional)

985.00

TOTAL This Period (last page this line number only)

985.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX573 Date of Disbursement																				
Mailing Address P. O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	0	9												
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>4.95</td> </tr> </table>	4.95																			
4.95																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Credit Card Fee																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX574 Date of Disbursement																				
Mailing Address P. O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	0	9												
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>3.25</td> </tr> </table>	3.25																			
3.25																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Credit Card Fee																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX575 Date of Disbursement																				
Mailing Address P. O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>4.95</td> </tr> </table>	4.95																			
4.95																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Credit Card Fee																				

SUBTOTAL of Disbursements This Page (optional)

13.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21b-EX576 Date of Disbursement																				
	Mailing Address P. O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	8		2	0	0	9													
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
	Purpose of Disbursement	<table border="1"> <tr> <td>3.25</td> </tr> </table>	3.25																			
3.25																						
	Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Credit Card Fee																				
B.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX571 Date of Disbursement																				
	Mailing Address 500 N Westshore Blvd Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	2		2	0	0	9													
	City Tampa State FL Zip Code 33609	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Bank Fee	<table border="1"> <tr> <td>4.61</td> </tr> </table>	4.61																			
4.61																						
	Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Bank Fee																				
C.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21b-EX572 Date of Disbursement																				
	Mailing Address 500 N Westshore Blvd Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	0		2	0	0	9													
	City Tampa State FL Zip Code 33609	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Bank Fee	<table border="1"> <tr> <td>3.43</td> </tr> </table>	3.43																			
3.43																						
	Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Bank Fee																				
	SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>11.29</td> </tr> </table>	11.29																			
11.29																						
	TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td>24.44</td> </tr> </table>	24.44																			
24.44																						

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Zach Wamp For Governor

Mailing Address P.O. Box 23748

City
Chattanooga

State
TN

Zip Code
37422

Purpose of Disbursement
Campaign Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX570

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Campaign Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 / 10

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 American Express

Nature of Debt (Purpose):
 Invoice: Credit Card Proc-
 essing Administ

Mailing Address P. O. Box 53852

City	State	ZIP Code
Phoenix	AZ	85072

Outstanding Balance Beginning This Period

18.11

Transaction ID: SD10-INV14

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

18.11

1) **SUBTOTALS** This Period This Page (optional)..... ▶

18.11

2) **TOTALS** This Period (last page this line number only)..... ▶

18.11

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18.11